



LAW ENFORCEMENT AGENCY

DATA SHEET

FEDERAL AND STATE

DATE: _____

AGENCY: _____

ADDRESS (No P.O. Box): _____

CITY: _____ STATE: _____

ZIP: _____ - _____ EMAIL: _____

PHONE: _____ FAX: _____

NUMBER OF SWORN OFFICERS

FULL TIME: _____ PART TIME: _____ RESERVE: _____

SCREENERS & WEAPONS POCS MUST BE AUTHORIZED IN WRITING BY THE GOVERNOR APPOINTED STATE COORDINATOR

SCREENER #1: _____

SCREENER #2: _____

SCREENER #3: _____

SCREENER #4: _____

WEAPONS POC: _____

Inventory Check

Does the Agency currently have any Equipment from the 1208/1033 Program: ☐ YES ☐ NO

Weapons: ☐ YES ☐ NO Aircraft: ☐ YES ☐ NO APCs: ☐ YES ☐ NO

**By signing this request, the Chief Executive Official or Head of Agency is aware of property
currently in the possession of their department.**

STATE & LOCAL AGENCIES

CHIEF EXECUTIVE OFFICIAL SIGNATURE: _____

STATE COORDINATOR SIGNATURE: _____

FEDERAL AGENCIES

HEAD OF AGENCY SIGNATURE: _____